



National Association of EMS Physicians

P.O. Box 15945-281 • Lenexa, KS 66285-5945

(913) 492-5858 • Fax: (913) 599-5340

E-mail: info-naemsp@goAMP.com • Web site: www.naemsp.org

January 16, 2002

Mr. Thomas Sugrue, Chief
Wireless Telecommunications Bureau
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Ex Parte Submission, *In the Matter of the Year 2000 Biennial Regulatory Review – Amendment of Part 22 of the Commission's Rules to Modify or Eliminate Outdated Rules Affecting Cellular Radio Telephone Services and Other Commercial Mobile Radio Services*

Dear Mr. Sugrue:

I am writing on behalf of the National Association of EMS Physicians regarding the above matter under consideration at the Commission. We are concerned that the above captioned matter has important implications for the delivery of emergency medical care that we believe should be taken into account by the Commission.

The National Association of EMS Physicians (NAEMSP) represents physicians dedicated to providing leadership and fostering excellence in out-of-hospital emergency medical care. Our physician members are responsible for the medical oversight of emergency medical services (EMS) programs as well as non-physician medical professionals who deliver care in the out-of-hospital setting. Most of the physician members in the Association are medically and legally responsible for the provision of out-of-hospital emergency care. NAEMSP is dedicated to the interests of its members and the issues that surround the field of emergency care.

Automobile crashes are one of the leading causes of death and injury in the United States. The delivery of timely and appropriate emergency medical care is critical to reducing the severity of an injury as well as the probability of death. In fact, the first hour after an accident is often referred to as the "golden hour" because of its importance to the medical outcome of a crash victim.

There are two issues of great importance we would like to raise with regard to the proposed amendment.

- 1) **Advent of vehicles with "automatic crash notification" or ACN systems.** By combining cellular communications and GPS capabilities, these systems have created the opportunity for faster and more appropriate emergency medical response to a crash. We believe that the current deployment of over two million ACN-equipped vehicles is already saving lives and reducing the morbidity from injuries in vehicle crashes.

We believe that in considering the future of the analog requirement, the Commission should accord very heavy weight to not adversely impacting the effectiveness of current as well as future ACN systems. More specifically, we believe that the Commission must assure itself and the public that

any successor technology offers *comparable geographic coverage* and the *ability to reliably and rapidly transmit data and voice on the same call* by transmitting the GPS coordinates of the vehicle. The data component allows the emergency response system to locate accidents reliably. The voice component, to the extent any occupants are conscious, allows the PSAP – Public Safety Answering Point – (which can be conferenced with the vehicle by the ACN or telematics service provider’s call center) to establish the nature of the crash and injuries. Not receiving a voice response from vehicle occupants involved in a crash is also important in triggering appropriate resources to the scene. In this instance, occupants would be assumed to be unconscious or out of the vehicle.

It is important to note that future ACN systems are expected to provide additional, critical accident-related information such as estimates of the number of passengers and the change in velocity of the vehicle. This additional, and medically significant information, is expected to be sent as part of the initial data transmission to the telematics service provider and will then be provided to the PSAP and emergency responders to assist in response and emergency care decisions.

- 2) **Delay phase-out of the analog requirement until replacement technology is available.** Since analog service is currently the only mode that provides universal wireless access to PSAPs, we believe that a premature phase-out of the analog requirement, without a universally available replacement technology, would significantly impair public access to essential emergency services. This would negatively impact the goal of improving public access to 911 services in “Healthy People 2010,” the Federal Government’s plan to improve the health of Americans.

Given these significant issues, NAEMSP urges the Commission to proceed with phasing out the analog service requirements (and with any technical rule changes) only after the successor technology and coverage of the successor technology have been confidently shown to be at least comparable to analog service and affordability, and validated for use in the automotive environment. In addition, we believe the Commission should establish a realistic phase out schedule that reflects the need to support the analog system currently in use. Clearly, it would be a perverse result to strand this demonstrated life-saving equipment and reduce the public’s access to essential emergency services.

We appreciate the FCC’s consideration of the Association’s perspective on this important life-saving matter. Should you have any questions, I can be contacted at SUNY Upstate Medical University by phone: (315) 464-4864; e-mail: huntr@upstate.edu or you may contact Deidre Gish-Panjada, NAEMSP’s Executive Director, at its Kansas City headquarters office, phone: (913) 492-5858, ext. 407; e-mail: dpanjada@goAMP.com.

Sincerely,



Richard C. Hunt, MD, FACEP
President

cc: Board of Directors
Executive Office